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Serial No. 09/186810

PATENT

**REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL
AND FEE TRANSMITTAL**

Applicant: Carlyle, et al. Examiner: Paul Prebille
Serial No. 09/186810 Group Art Unit: 3738
Filed: November 5, 1998 Docket No. 01610.0053-US-11
Title: MEDICAL DEVICES WITH ASSOCIATED GROWTH FACTORS

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark
Office, Fax No. (703) 872-9306 on September 7, 2004.

Halle A. Finucane
Name of Person Signing This Certificate

Halle A. Finucane
Signature

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. This is a request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.
2. The following are submitted under 37 C.F.R. §1.114.
 - a. ☐ Previously Submitted
 - ☐ Amendment/Reply under 37 C.F.R. §1.116 previously filed on
 - ☐ Appeal Brief previously filed on
 - ☐ Reply Brief previously filed on
 - ☐ Other
 - b. ☒ Enclosed
 - ☒ Response Accompanying Request for Continued Examination Under 37 CFR § 1.114
 - ☐ Affidavit(s)/Declaration(s)
 - ☐ Information Disclosure Statement
 - ☒ Petition for Extension of Time
 - ☒ Other: Communication Regarding Uninitiated Reference on Form 1449 with enclosures
3. Miscellaneous
 - a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of months.
 - b. ☐ Other.

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01 PAGE 2/27 RCVD AT 9/7/2004 6:34:08 PM [Eastern Daylight Time] * SVC:USPTO-EFAXF-1/2 * CNIS:8729306 * CSID:952 912 0574 * DURATION (mm-ss):07-30

4. Fees

a. ☐ Check(s) for required fees

- | | | | |
|----|--------------------------|----------------------------|--------------------------------------|
| 1. | <input type="checkbox"/> | Check in the amount of for | RCE filing fee. |
| 2. | <input type="checkbox"/> | Check in the amount of | for request for suspension of action |
| 3. | <input type="checkbox"/> | Check in the amount of | for an Extension of Time |
| 4. | <input type="checkbox"/> | Other: | |

b. ☒ The Commissioner is hereby authorized to charge the following fees, or credit any overpayments to Deposit Account number 50-1038. A duplicate copy of this form is enclosed.

- | | | |
|----|-------------------------------------|--------------------------------------------------------|
| 1. | <input checked="" type="checkbox"/> | The RCE fee of \$942.00 required under 37 CFR 1.17(e). |
| 2. | <input type="checkbox"/> | The request for suspension of action |
| 3. | <input checked="" type="checkbox"/> | The Extension of Time fee of \$420.00 for two months |
| 4. | <input type="checkbox"/> | Other: |

c. ☐ Payment is made via credit card. (Form PTO-2038 is enclosed)c. ☒ Authorization is hereby given to charge any fees that relate to the filing of this RCE and are necessary to avoid abandonment of this application, or credit any overpayments, to Deposit Account Number 50-1038. If an extension of time for replying is necessary, the undersigned hereby petitions therefor.

Respectfully submitted,

Altera Law Group, LLC
Customer No. 22865

Date: September 7, 2004

By:

Hallie A. Finucane
Reg. No. 33,172
HAF/mar